
INDIANA

Epidemiology

NEWSLETTER



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Mass Prophylaxis Protocol Available Soon

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In October 2000, a case of hepatitis A in a food handler required administration of immune globulin to more than 3000 people. As a result, the ISDH has developed a *Protocol for Mass Prophylaxis*.

This protocol, approved by State Health Commissioner Gregory A. Wilson, provides a consistent, stepwise tool to use in an event requiring mass prophylaxis. In addition to a case of hepatitis A in a food handler, such an event may also include a case of meningococcal meningitis in a crowded setting or an influenza pandemic. The protocol includes the decision-making process to provide mass prophylaxis, a format for conducting a clinic, steps to follow as the event resolves, and several supplemental appendices. Each local health department will receive two copies, one for the local health officer and one for the public health nurse. Additional copies will be available upon request.

Included with the protocol will be non-English language data for each county. Culturally diverse populations within a local community may not have access to public health information or may have limited English proficiency. The Indiana Department of Education maintains records of Indiana public schools students whose first language is not English. Although no formal data are available for adults, children who speak other languages can indicate adult populations with the same language backgrounds or cultural needs. Sensitivity to various cultural groups within a county will aid local health departments in providing culturally competent services. The ISDH can provide translation of typical public health alert announcements in several different languages.

Currently the protocol is being printed for distribution, but local health departments should receive their copies within the next couple of months. The protocol will be bound with a brightly-colored cover for easy recognition and three-hole punched for easy storage. The protocol will also be posted on the ISDH web site, with the address forthcoming. For more information or to request additional copies, please contact Pam Pontones, ISDH Epidemiology Resource Center, at 317-233-7009 or ppontones@isdh.state.in.us

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Influenza Sentinel Physicians Callout

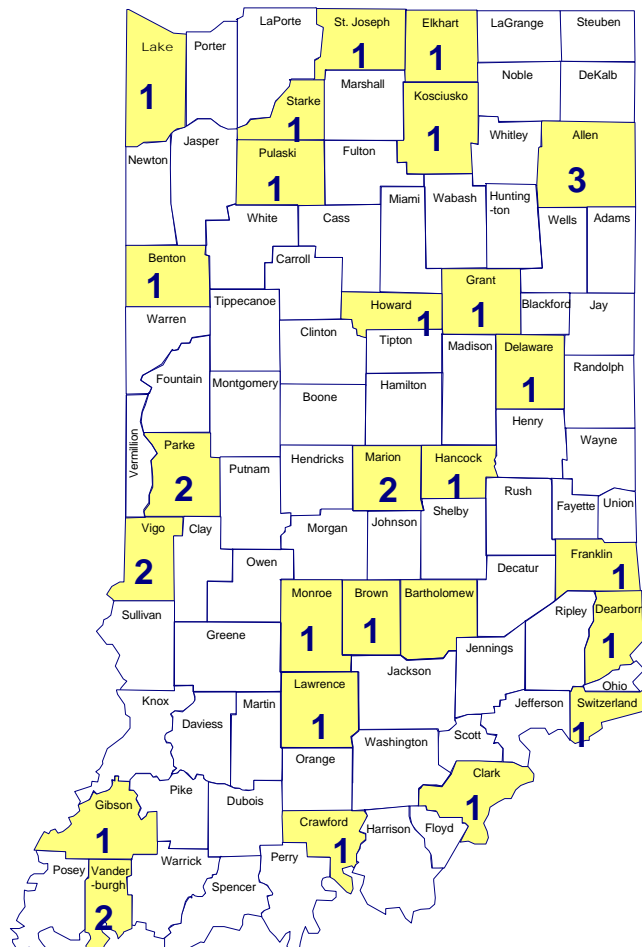
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ISDH Communicable Disease

The Indiana State Department of Health (ISDH), in collaboration with the national Centers for Disease Control and Prevention (CDC) is participating in the 2001-2002 influenza surveillance program. If you are a physician or a health care provider that sees patients with influenza-like illness (fever higher than 100°F, cough, and /or sore throat with no known cause) from October through April we would like your participation.

Sentinel Influenza Surveillance Program

The sentinel influenza program is a surveillance system involving a limited number of selected reporting sites that generate reports from which influenza-like illness may be generalized for the entire state. The CDC has requested that Indiana recruit one participating site for every 250,000 people. The ISDH is interested in participation from every Indiana county, but in particular, sites in Delaware, Hamilton, Lake, Marion, Monroe, Porter, St. Joseph, Tippecanoe and Wayne are desired.

Counties with Sentinel physicians and number of participating Sentinel Sites



The Influenza Sentinel Process

The first step is to enroll with ISDH as a sentinel site. Secondly, starting in October, the sentinel site will need to provide data to the CDC on a weekly basis starting in October and lasting through April of the following year. The CDC will provide a work folder in which the data is to be kept. The weekly reporting consists of keeping track of the total number of patients seen and the total number that present themselves with ILI within an age group breakdown. After the numbers are compiled, anyone in the office can be appointed to call, fax, or e-mail the numbers directly to the CDC for analysis. Another important aspect of the program consists of obtaining nasopharyngeal swabs from ill patients. The sentinel may send up to four nasopharyngeal swabs each week to the ISDH Laboratories for viral testing at no cost to the sentinel site. This is a vital part of the surveillance system because it will allow the CDC, ISDH, local health departments, and the sentinel site to know if the specimen actually contains influenza virus, the type of influenza circulating in Indiana, or other circulating viruses.

Influenza Isolate Results from 2000-2001 Season

Patient's Age (years)	Number Received	Specimens		Isolates	
		A(H1N1)	A(H3N2)	A(unk.)	Flu B
< 1	3	2	0	0	0
1 - 4	15	3	0	0	3
5 - 24	140	40	0	1	18
25 - 44	85	17	0	0	13
45 - 64	37	1	0	0	5
≥ 65	10	0	0	0	0
unknown	26	3	0	0	2
Total	316	66	0	1*	41

*Unable to type due to low viral titer

Source: ISDH Virology Laboratory

The Importance of Surveillance

Surveillance for influenza is helpful to determine the level of disease activity in the population, to detect outbreaks, and to inform the community of which strains of influenza are circulating. This will be particularly important when an influenza pandemic occurs. Additionally, the CDC, World Health Organization (WHO), and other health officials take into consideration the states' viral information when deciding the components of the influenza vaccine for the following season.

Compensation for Sentinel Sites

The ISDH sends sentinel physicians a weekly report of influenza activities throughout Indiana. The CDC provides information of the influenza activity in the United States. Sentinels are also provided with the subtyping results of their nasopharyngeal swabs. A free subscription to the MMWR published by the CDC is provided, as well as a certificate of participation from the CDC if the site reports at least 50% of the time.

All interested parties should immediately notify Shawn Richards by e-mail, at srichard@isdh.state.in.us or by calling 317-233-7740 for more information or an application.

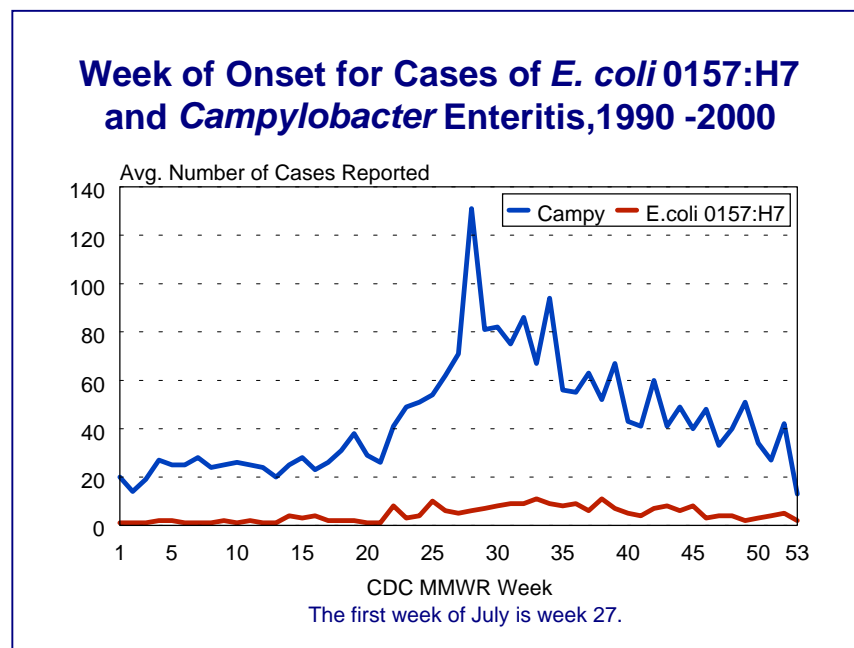
Reducing Risk of Enteric Diseases from Animal Displays and Petting Zoos

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ISDH Epidemiology Resource Center



Animals are an integral part of many Hoosiers' lives. Some depend on animals for their living, and others have animals as pets. Others may have contact with animals at petting zoos or animal displays such as at local and county fairs. Rarely do we think of these animals posing a health risk. But at least two enteric disease organisms associated with animals are reported frequently in Indiana citizens, *E. coli* 0157:H7 and *Campylobacter jejuni*. Indiana citizens appear to be at increased risk for acquiring the diseases in the summer and fall (Figure 1).

Figure 1.



During the spring and fall of 2000, the Centers for Disease Control and Prevention received reports of diarrheal illness outbreaks among children related to farm visits in two different states where patients had viewed and handled a variety of domestic farm animals. A total of 56 patients reported clinical illness and 20 had either culture confirmed *E. coli* 0157:H7 isolated from stool specimens or hemolytic-uremic syndrome. Nineteen require hospitalization. These were the first reports of direct transmission of *E. coli* 0157:H7 from animals to humans. Generally, *E. coli* 0157:H7 infections have been related to contaminated foods or water, or person-to-person transmission.

Campylobacter jejuni is considered the most common cause of bacterial foodborne disease in the United States. Usually, the infection is a self-limiting diarrheal illness that may last up to one week; however, it has also been associated with development of Guillain-Barre Syndrome and Reiter's Syndrome. In recent years, *Campylobacter* infection has been the most frequently reported bacterial enteritis in Indiana. The organism is commonly found in the gastrointestinal tract of healthy cattle, pigs, and various poultry species, and can be transmitted by handling raw contaminated meat and poultry or by exposure to contaminated feces. It is also commonly found in pets with diarrhea.



The prevention of illness caused by these two organisms usually focuses on proper food preparation, but the recent CDC findings suggest that increased emphasis should be placed on the interactions of people and animals. To reduce the risk of transmission at petting zoos, fairs, and other locations where the public may have direct contact with farm animals, the following guidelines have been suggested.



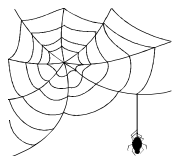
Visitors should be made aware that animals, especially young cattle, sheep, goats, young poultry, or ill animals, might pose a risk of illness. Signage should be present in animal interaction areas suggesting that handwashing after handling animals is required for good health.

Food and beverages should not be served or consumed in the areas where animals are housed, fed, or handled. Raw milk should never be served anywhere.



Handwashing facilities should be available and adequate for the number of people in attendance and present in both animal-handling areas and in non-interaction areas. Running water, soap, and disposable towels are essential for adequately clean hands. Handwashing facilities should be placed at levels that allow access for both adults and children. Younger children should have adult supervision while washing hands to ensure adequacy. If running water is not available, hand sanitizers can be substituted as an immediate measure.

Individuals who are at high risk for serious infections, children <5 years of age, elderly, pregnant women, and immunocompromised persons should be especially aware of the risk inherent in handling farm animals and the importance of good handwashing prior to consuming food or drink.



Wonderful Wide Web Sites

ISDH Data Reports Available

The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:

<http://www.statehealth.IN.gov> (under Data and Statistics)

Indiana Cancer Incidence Report (1990, 95)	Indiana Mortality Report (1995, 97)
Indiana Cancer Mortality Report (1990-94, 1992-96)	Indiana Natality Report (1995, 96, 97)
Indiana Health Behavior Risk Factors (1995-96, 97, 98)	Indiana Natality/Induced Termination of Pregnancy/Marriage Report (1998)
Indiana Hospital Consumer Guide (1996)	Indiana Report of Diseases of Public Health Interest (1997, 98, 99)
Indiana Marriage Report (1995, 96, 97)	

The following site allows access to the web page for any state health department in the United States:

<http://www.polsci.wvu.edu/grad/klase/STATEHEALTH/sthlth.html>

HIV Disease Summary

Information as of June 30, 2001 (population 5,840,528)

HIV - without AIDS to date:

382	New cases from July 2000 thru June 2001	12-month incidence	6.54 cases/100,000
3,374	Total HIV-positive, without AIDS on June 30, 2001 ¹	Point prevalence	57.77 cases/100,000 ¹

AIDS cases to date:

395	New AIDS cases from July 2000 thru June 2001	12-month incidence	6.76 cases/100,000
2,759	Total AIDS cases on June 30, 2001 ¹	Point prevalence	47.24 cases/100,000 ¹
6,240	Total AIDS cases, cumulative (alive and dead)		

¹Counting only cases alive in June 2001

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in June MMWR Weeks 23-26		Cumulative Cases Reported January - June MMWR Weeks 1-26	
	2000	2001	2000	2001
Campylobacteriosis	69	42	182	137
<i>Chlamydia</i>	1,084	1,074	6,482	7,226
<i>E. coli</i> O157:H7	12	10	27	30
Hepatitis A	6	3	27	44
Hepatitis B	6	8	26	21
Invasive Drug Resistant <i>S. pneumoniae</i> (DRSP)	9	4	127	124
Gonorrhea	521	456	2,973	2,887
Legionellosis	7	4	16	10
Lyme Disease	4	1	6	2
Measles	0	2	0	4
Meningococcal, invasive	1	7	25	23
Pertussis	5	1	27	20
Rocky Mountain Spotted Fever	0	0	0	1
Salmonellosis	63	51	250	194
Shigellosis	394	11	738	119
Syphilis (Primary and Secondary)	22	12	215	88
Tuberculosis	12	10	65	45
Animal Rabies	0	0	0	1 (Bat)

**For information on reporting of communicable diseases in Indiana,
call the ISDH Communicable Disease Division at (317) 233-7665.**

Indiana
Epidemiology
Newsletter

The *Indiana Epidemiology Newsletter* is published by the Indiana State Department of Health to provide epidemiologic information to Indiana health professionals and to the public health community.

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